

3/10/95 multi unit location

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028, Expires 9-30-92  
GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

086

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
FEB 22 1995

U. S. EPA, REGION V

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

ILR0000001 362

## II. Name of Installation (Include company and specific site name)

C O M E D - C E N T R A L M A I L F A C I L I T Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 1 5 W V A N B U R E N S - T R E E T 2ND FLR

Street (continued)

C H I C A G O

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 7 -

County Code

County Name

031

C O O K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1 0 S D E A R B O R N - 3 5 F N W

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 3 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

M C C A N N

B R I A N

Job Title

Phone Number (area code and number)

S U P E R V I S O R

3 1 2 - 3 9 4 - 4 4 4 0

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C O M E D

FEB 09 1995

Street, P.O. Box, or Route Number

IEPA/DLPC

1 0 S D E A R B O R N - 3 5 F N W

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 3 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

3 1 2 - 3 9 4 - 4 4 4 0

X

Yes

No

Month

Day

Year



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☒ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Referral  
☐ 2. Small Quantity Exemption  
 Indicate Type of Combustion Device(s):

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## 1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 3	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Brian M. McCann

Name and Official Title (type or print)

Brian M. McCann

Date Signed

2/6/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



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EPA

# Notification of Regulated Waste Activity

086

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

FEB 22 1995

J. S. EPA. REGION V

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

ILR 000 001 362

## II. Name of Installation (Include company and specific site name)

C O M E D - C E N T R A L M A I L F A C I L I T Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 1 5 W. V A N B U R E N S - T R E E T 2nd FLR

Street (continued)

C H I C A G O

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 7 -

County Code

County Name

031 C O O K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1 0 S. D E A R B O R N - 3 5 F N W

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 3 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

M c C A N N

B R I A N

Job Title

Phone Number (area code and number)

S U P E R V I S O R

3 1 2 - 3 9 4 - 4 4 4 0

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C O M E D

FEB 09 1995

Street, P.O. Box, or Route Number

IEPA/DLPC

1 0 S. D E A R B O R N - 3 5 F N W

City or Town

State

ZIP Code

C H I C A G O

I L

6 0 6 0 3 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

3 1 2 - 3 9 4 - 4 4 4 0

X

Yes

No



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☐ ☐ ☒ ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 3	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature  
Brian M. McCannName and Official Title (type or print)  
Brian M. McCannDate Signed  
2/6/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY

REGION V  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60660

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

